ALADVI AND	CTATE P	SED A DTAKEN!	OF HEALT	II DAITHAODE	10
NAKILANU	SIMIE	JCEAR IMIEIN	OF HEALI	H-BALTIMORE,	18
Itar	n Q K4	mG238 1-	5-59 pt	,	

1109 CERTIFICATE OF DEATH

Reg. Dist. No.

01106

1. PLACE OF DEATH D. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY SOMERSET
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) CRISFIELD	62 YRS.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CRISFIELD
d. NAME OF HOSPITAL (If not in hospital, give street of RINSTITUTION MCCREADY M		/ d. STREET ADDRESS 13 CHESAPRAKE AVE. e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) EMILY	Middle M.	BLADES 4. DATE Month Day Year 19 59
FENALE 6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED DIVORCED	Nov 12, 1897 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 101 bythday) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Waitress R	KIND OF BUSINESS OR IND estaurant	USTRY 11. BIRTHPLACE (State or foreign country) MAR YLAND 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME GEORGE T. NELSON		14. MOTHER'S MAIDEN NAME LAURA GALE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no or unknown] [If yes, give wor or dotes of service] None 21		uth Matthews, 4905 Wright Ave., Balto. 5, Md.
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) C	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	RIBE HOW INJURY OCCURR	RED. (Enter noture of injury in Part I ar Part II af item 18.)
Hour o. m. White	UURY OCCURRED 20e. F	PLACE OF INJURY (Home, form, cotory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the decease alive an 12 1 12 1 12 1 12 1 12 1 12 1 12 1 1	Paytou	th occurred or 19.59, to 11
220. BURIAL, CREMATION, 22b. DATE THEREOF DUTINITIES Jan 13, 1959	22c. NAME OF CEMETERY Crisfied Ce	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfie	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ALS DY A CONTRACTOR OF THE STATE OF TH . The last state of the state o and the state of t

		4	CERTIFIC	MII	OF DEATH	1		Reg. Di	st, No.		
	omerset		MARYLANI	2.	usual residence (Who state Marylar	ere deceose	d lived. If institution b. COUNTY	_	erse		iion)
RURAL and give no	f outside corporate limits, carest town) Pisfield	write	c. LENGTH OF STAY IN II	3	Crisfie		prote limits, write RI	URAL ond	give nec	rest town	1)
OP INSTITUTION	AL (If not in hospital, give 25 Chesapea)			1	d. STREET ADDRESS 125 Che	sapea	ke Ave.		-		FARM?
3. NAME OF DECEASED (Type or print)	SUSI)	C.	AMELIA	В	YRD Lost	4. DATE OF DEATH	Janua		1 Do	*	Yeor 19 59
5. SEX Female	9 W 9 A 1	MARRI	DIVORCED		ept. 20, 18	385	9. AGE (In years lost birthday) 73 yrs.	Months	1 YEAR Doys	Hours	ER 24 HRS. Min.
10o. USUAL OCCUPATION during most of world Housewif	ting lire, even it refired)	ne 10b. K	At Home	DUSTRY	11. BIRTHPLACE (Slote Crisfield,		ountry)		S A	F WHAT	COUNTRY
13. FATHER'S NAME				14	MOTHER'S MAIDEN N						
\	Jesse B. Eva					ie El	izabeth l	Horne	r		
	R IN U. S. ARMED FORCE (IF yes, give wor or dotes of servi	ce) l		Mrs.	MANT Chester Ty	ler	125 Chess Crisile	apeak		/e	
Conditions, if a gove rise to it couse (a), stating lying couse last.	the under: DUE TO	•	General	نعو	& Cert	wio	selero	ois	1	rea	res :
20g. ACCIDENT WA	S LINDERLYING [] 20	- M	CONTRIBUTING TO DEATH B	6	At.			EN IN PAR	T 1(o) 1	PERFO	AUTOPSY PRMED?
	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19	20d. IN		PLACE (OF INJURY I Home, form, street, office bldg., etc.	, 20f. (City		(0	County)	_	(Slale)
21. I certify the alive an	at I attended the d	12		M.D.	1956 to purred at 12:10		n the causes a	nd on ti	last so he dat	e state	decease ed abov ATE SIGNE
PHYSICIAN'S NAME (Type) C	. G. Rawley,	M.	D.	00.000	Main St						
Burial (Specify)	Jan. 3, 1959		Sunnyridge		etery	Cris	field, Mo	1.		(State	e }
23. FUNERAL DIRECTOR'		.w &c	ADDRESS SonsCrisf	leld	41-4	Der o		TRAR'S SIC			

表的 0 1 PER CONTROL OF THE CO 2 24/12 THE RESERVE OF STREET and the state of t , . A CONTRACT C

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

CERTIFICATE OF DEATH Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE **b**: COUNTY MARYLAND SOMERSET SOMERSET ARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) MARUMSCO DAYS *URISFIELD* d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? CCREADY MEMORIAL Hosp. YES NO NAME OF First Middle Lost 4. DATE DECEASED OF DEATH 19 59 GARVER (Type or print) ANNTE JANUAR Y 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH BO De yrs. FEMALE Months Hours WHI TE WIDOWED A DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARYLAND HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VIRGINIA RIGGIN BEAUCHAMP IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT FREDERICK WESTOVER, WILKINS, 7-36-1131 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stoting the underlying cause lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while of work of work 1959, that I last saw the deceased 21. I certify that I attended the deceased from Harry and that death occurred at 9:352M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL MARION. MARYLAND C. COULBOURN, GE OR GE NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CERTIFICATION 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) 1-10-59 Princess Buria Manokin Presbyterian Anne.

Pocomoke City Md PANEN

ADDRESS

page he 0 VS A15 (4) 1SM 10/57

DIREC

FUNERAL

Peshould

5

23. FUNERAL DIRECTOR'S SIGNATUR

THE REPORT OF A SECTION AND A POST OF CHANGE AND A SECTION LEUCHT POATS TOP BESTELL TO CANTOL STEEL VIEW VIEW AND THESE THE RELEASE OF THE PARTY OF THE PARTY. THE PARTY STATES AND ADDRESS. WITCH WELL BOOK OF STREET A CONTRACT LANGUAGE CONTRACTOR CALLEGE MATERIAL CONTRACTOR OF THE PARTY OF

	1111	CERTIFIC	CATE OF DEAT	H	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Somerset	MARYLANI		There deceased lived. If institution b. COUNT	rtion: Residence before admission) Y Somerset
b. CITY OR TOWN RURAL ond give Rural Pri	(If outside corporate fimits, write nearest town)	c. LENGTH OF STAY IN 11		outside corporote limits, write	RURAL and give nearest town)
d. NAME OF HOSE OR INSTITUTION	TTAL (If not in haspital, give stre	et Oddress)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ella First	heobe C	alver	4. DATE MC OF JAN .	onth Day Yeor 11 19 59
5. SEX Female	T. 27. 3 .L.	RRIED NEVER MARRIED DIVORCED	May 3,1874	9. AGE (In year last birthdoy)	Months Days Hours Min.
twing most of we HOUSEW	ION (Give kind of work done 10 plane life, even if retired)	b, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stoke Marylar		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Thomas	Ruark		14. MOTHER'S MAIDEN Pheobe	Collins	
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES?		Mrs. Vergil	2.2	rincess Anne,
Conditions, if gove rise to couse (o), stoting lying couse lost	g the under-	Hypery Collections S CONTRIBUTING TO DEATH B	ennon	AINAL DISEASE CONDITION G	3 Clary 3 Clary 5 Clary
PART II. O	VAS UNDERLYING ☐ 20b. D G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUP	RED. (Enter nature of injury in	Part I ar Part II of item 18.)	PERFORMED? YES NO
Y 20c. TIME OF INJU Hour o. m. p. m.	. Whi		PLACE OF INJURY (Home, for factory, street, office bldg., et	m, 20f. (City or lown)	(County) (Stote)
	Rank FRANK				Githat I last saw the decease and an the date stated above pate significant in the state of the significant in the significant
220. BURIAL, CREMATI		Manokin Pr		22d. LOCATION (City, fown,	

may be retained by the hospital or attending physician.

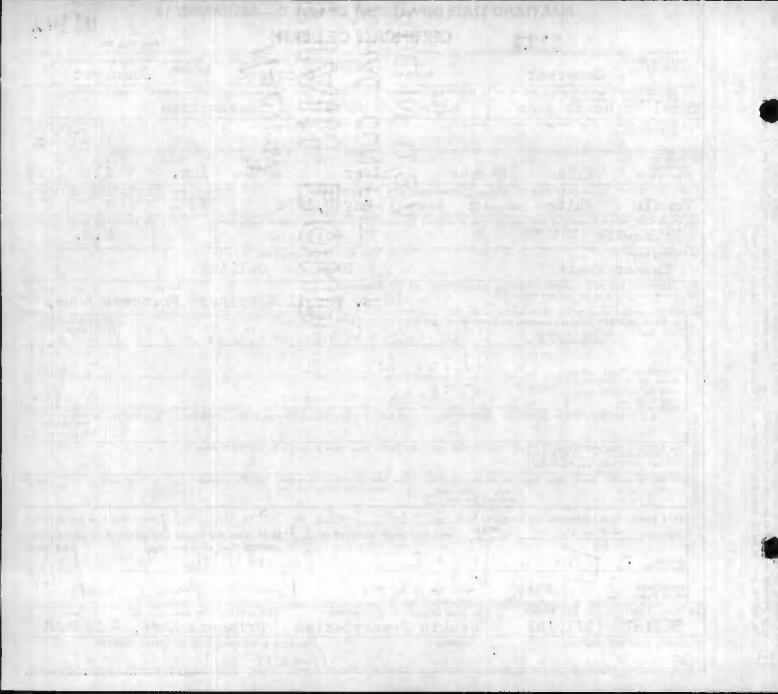
TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be the carbon pages. Pages 1 and 2 shauld be the control of TO HOSPITAL OR VS A15 (4) 15M 10/57

ral directar, se filed with

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

24b. REGISTRAR'S SIGNATURE



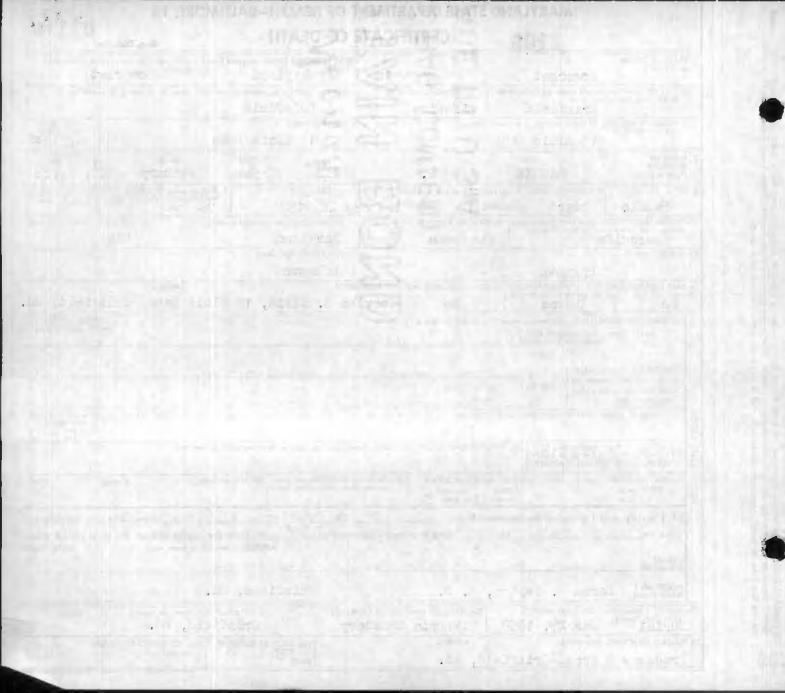
00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1105 CERTIFICATE OF DEATH

0111()

		L						wall mill !	TW.		
1. PLACE OF DEATH 0. COUNTY	Somerset		MARYLAI		usual residence (Vo. STATE Mary		d. If institution b. COUNTY	Somers		sion)	
b. CITY OR TOWN (IF RURAL and give nea		, write	c. LENGTH OF STAY IN Lifetime	16 7	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 79 Crisfield						
d. NAME OF HOSPITA OR INSTITUTION	18 Elzie I		oddress)	/	d. STREET ADDRESS 18 E	lzie Lane				SIDENCE A FARM?	
3. NAME OF DECLASED (Type or print)	MAGGIE	C C	Middle A .		ELZIE.	4. DATE OF DEATH	Janu			Year 19 59	
5. SEX Female		MARRI VIDOWEI	DIVORCED	_	ay 20, 188	10	GE (In years st birthdoy) 78 yrs.	Months Day	AR IF UND		
10a. USUAL OCCUPATION during most of working Housewif	ig life, even it refired)		WIND OF BUSINESS OR II	NOUSTRY	11. BIRTHPLACE (Stor)	12. CITIZEN	OF WHAT	COUNTRY	
13. FATHER'S NAME	Unknown			14	MOTHER'S MAIDEN	NAME					
15. WAS DECEASEDEVER (Yes, no. or unknown) (III		E57 16. S		Char]	es H. Elz	ie, 18 El	Addre Zie La:		sfield	d, Md	
PART I. DEATH	mediate (Co	melad H	Av	horas	lem			NTERVAL BE		
PART II. OTHER	UNDERLYING [7] 2		RIBE HOW INJURY OCCU	,		MINAL DISEASE CON		N IN PART 1(o	PERFO	AUTOPSY DRMED? NO	
UF EITHER, NOTIFY M	EDICAL EXAMINER)	20d. IN While of work	Nat while	PLACE (OF INJURY (Home, for street, office bldg., e	m, 20f. (City or to	wn)	(Count	17)	(State)	
21. I certify the alive an Actual SIGNATURE	l attended the c	, 192	od from that de		ourred at 81	ADDRESS (Street,	causes ar	nd on the o	date state		
270. BURIAL, CREMATION.	226. DATE THEREOF	ton,	M. D.	Y OR CRI		rield, Md		county)	(State	e)	
BUTIAL 23. FUNERAL DIRECTOR'S	Jan 29, 19	59	Lawsonia C	emete	240. REG	Crisfi O BY REGISTRAR	eld, Ma	RAR'S SIGNAT	TURE	,	
Bradehaw &	Some Onic	fial	A MA		D. FE	B 2 '59	[Chill	hund of the	ated	1	



13

	X	-	Ī
-	P	-	-0
			-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) · COUNTY Maryland b. COUNTY Somerset Somerset MARYLAND b C-TY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lown) Life Marion Marion d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 110 ON A FARM? Rt. #1 YES PO NO! 3. NAME OF First Middle 4. DATE Month Yeor DECEASED OF DEATH ROBERT HALL 59 (Type or print) January 10 6 COLOR OR RACE 7. MARRIED 19 NEVER MARRIED 5. SEX B. DATE OF BIRTH 9, AGE [In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Wait.e DIVORCED T WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Marion, Maryland USA Own farm Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert L. Hall Phoebe Lambden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Robert O. Hall, Rt.#1, Marion, Md. No None None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (s) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: I Ulu IMMEDIATE CAUSE (OY Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO V 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY [Hame, form, 20f (City or lown) [County] (Stole) factory, street, office bldg., etc.) Hour o.m. White Not while at work at work p. m. 21 I certify that I attended the deceased from 1959, that I last saw the deceased and that death accurred at 9 36 P.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) George C. Coulbourn, M. D. Marion, Maryland

220. BURIAL CREMATION. REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF Jan 16, 1959 22c. NAME OF CEMETERY OR CREMATORY Rehobeth Baptist Cemetery

ADDRESS

22d LOCATION (City town, or county)

Rehobeth. Md. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Bradshaw & Sons, Crisfield, Maryland

(Stole)

0 VS A15 (4) 15M 10/57



1113 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH			2	USUAL RESIDENCE (W	/here deceased			e before admi	ssion)
	SOMERS	ET	MARYL	AND	a. STATE	YLAND	b. COUNTY	4	SOMER	SET
	b CITY OR TOWN (If outs'de corp RURAL and give nearest lown)	orate limits, write	c. LENGTH OF STAY II	N 1b	CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond g	ive nearest for	n)
	CRISFIELD		24 DAY	S	MAR	ION S	TATIO	V		
,	d. NAME OF HOSPITAL (If not in h	ospital, give street	oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
	EDW. W. McCRE	ADY ME	MORIAL H	os#.	Вох	300				NO [
	3 NAME OF DECEASED	First	Middle		Lost	4. DATE	Mor	th	Doy	Year
		TOHN	Тном.	AS	HANDY	OF DEATH	JANUAI	R Y	27	159
			RED NEVER MARRIEL	8.0	ATE OF BIRTH	1	9. AGE (In years los)_birthday)		TYEAR IF UND	
H	MALE NEGR	WIDOW	ED 🔣 DIVORCED		1-28-188	34	74 yrs	Months	Days Hours	Min
	100 USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stoke	e or foreign co	untry)	12 CITI	ZEN OF WHA	T COUNTRY?
		,			MAR YL	AND			U.S	A.
	13. FATHER'S NAME			1	L MOTHER'S MAIDEN	NAME				
ı	JOHN THOMAS	HANDY			Mar 1	T.A.				
	15. WAS DECEASEDEVER IN U. S. AR	MED FORCES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
	hi let's day and	TOURS OF RESTREY		ROB	ERT HAND	Y	MAI	RON	STAT	ion, Mi
ı	18. CAUSE OF DEATH [Enter on	ly one couse per la	ne for (o), (b), and (c).]		. / 4	,		. 1	INTERVAL B	ETWEEN
	PART I. DEATH WAS CAU	SED BY GER	uly Diest	JA	eod W	run	er1/sy	we	4 LELE	
	/×	DUE TO		-	^		- / /		1	/
1	Conditions if any, which)	(b) (0 a	ercuir	201	La alea	عرا.			noth	~
4	gove rise to immediate couse (a), stating the under	DUE TO A	0 4	U	1 01		A		,	
	lying couse lost.	Clev	uc dit	wylu	le Clarce	· my	sealle		Jaco	7
1	PART II OTHER SIGNIFICA	INT CONDITIONS	CONTR BUTING TO DEAT	TH BUT NO	RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19. WAS	AUTOPSY ORMED?
	PART II OTHER SIGNIFICA	zema	7 Cleve	y of	thevas				YES] NO
1	200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXA	G 20b. DES	CRIBE HOW INJURY OC	CURRED (E	nter noture of injury in	Port I or Port	It of item 18.)			
1		MINER)								
				Oe. PLACE	OF INJURY (Home, for street, office bldg, et	m, 20f. (City	or town)	(C	ounty)	(State)
	Hour o.m.	19 While of world	k Ol while	rociory	since, office blog, er					
	21. I certify that I attend	led the deceas	ed from Mor	/	1958 100	aw :	27, 1958	that I I	ast saw the	deceased
	alive and cee 2	7 19.5	/7	leath oc	curred at 12:52					
Į	7//2		11				eet, city ar town,			ATE SIGNED
	SIGNATURE SOUL	Tel &	ellhum	~0 n	MARION	STA!	TION.	MD.		
		A		36 7					26	
	PHYSICIAN'S GEORGI	E C. Co	ULBOURN,	$M \cdot L$	• 9 MA	UR I ON	STATI	ON,	MD.	
ı	220 BURIAL CREMATION, 226. DAT	THEREOF	22c. NAME OF CEMET	ERY OR CE	EMATORY	22d LOCATI	ON (City, town,	or county)	(Sto	ite)
	REMOVAL (Specify)	-1-1951	Barnes	4		MRA	RION S	SOM	" M	D.
	23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		240 REC	D BY REGISTR	AR 24b. REGI	STRAR'S SIG	MATURE	
	Bharles H Wa	und 1	narion		Mos. DAREE	3 '59		10 mg 11		

Einesh Job 1-1957 Branch ithing Het.

MARICH SOM, MD.

Calin & Kings

				1114 CERTIFIC	CATE OF DEATH	Reg. Dist. No.
Page 4	-			COUNTY Somerset MARYLAND	2 USUAL RESIDENCE (Where deceased lived If instres STATE Maryland b COUN	
death rol	3	/	ŧ	C. LENGTH OF STAY IN 18 RURP and outcests famile RURP and outcests famile	c. CITY OR TOWN (If outside corporate limits, write Deal Island	e RURAL and give nearest town)
by the	₩ 1	v	-	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS	e 15 RES DENCE ON A FARM2 YES NO
filled in			- 1		Harris OF Jan	nuary 20, Yeor 1959
pletely Por			5 5	male white widowed to Divorced	lost Dignoo	7) Months Days Hours Min.
execute nd cam n pape			10a	USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INI	DUSTRY 11 SIRTHPLACE (Stote or foreign country) Maryland	U.S.
e be an or carbo			13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
fcot ysicia			10	Jabrus Harris WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 177	Louvinia Day	ton.
h certificing phose removed			(Yes	[If yet, give wor or dates of service] 213-14-1516	Mrs. William Owens, Pr	
deat tend pleas vithir				18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	- RP	INTERVAL BETWEEN ONSET AND DEATH
the of hen				1910 IMMEDIATE CAUSE (o)	ome of Orangus	10,101
that by the				Conditions, if any, which)	MA. DO Do 14 to al	1 de 126 Gas.
ires ned ermi				gove rise to immediate	Jest tempe	L Yay I'F Yay
requestions.				lying couse lost.		V
rsicit beer tran			NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
The physical properties of the physical photos and the photos and		0	ICATI	Montes malnit	ilion	YES NO
HAN: 1 the but re			L CERTIF	206. ACCIDENT WAS UNDERLYING TO COUR ON TRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Part II of item 18.)	
PHYSIC of or of his cert use os emotion			MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e Hour o. m. p. m. 19 While of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)	(County) (Stote)
NG for t				21. I certify that I attended the deceased fram. Subo S	7 1958, to Duan 20,19	Shat I last saw the deceased
A A Sche				alive an 200 1959, and that dea	oth accurred at 11.19 M. from the cause	,
THE STATE OF				ACTUAL OF LOWER	ADDRESS (Street, city or lov	
OR A				SIGNATURE	_M.O. Stanices Com	, my 1/21/S
AL DAL D		2,		PHYSICIAN'S H. C. L. EWIS!	WIT PULLARGE	HN No hal
SPIT De r VER 3 st			220	BURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY	OR CREMATORY 22d LOCATION (City low	in, or county)
moy Fur Page			-	Qurial 1/22/59 St Johns	Deal Isla	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5 5 7			23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		GISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57			X	inus Kluman Princess An	me, Md. 26'59 C.	w. I Kings



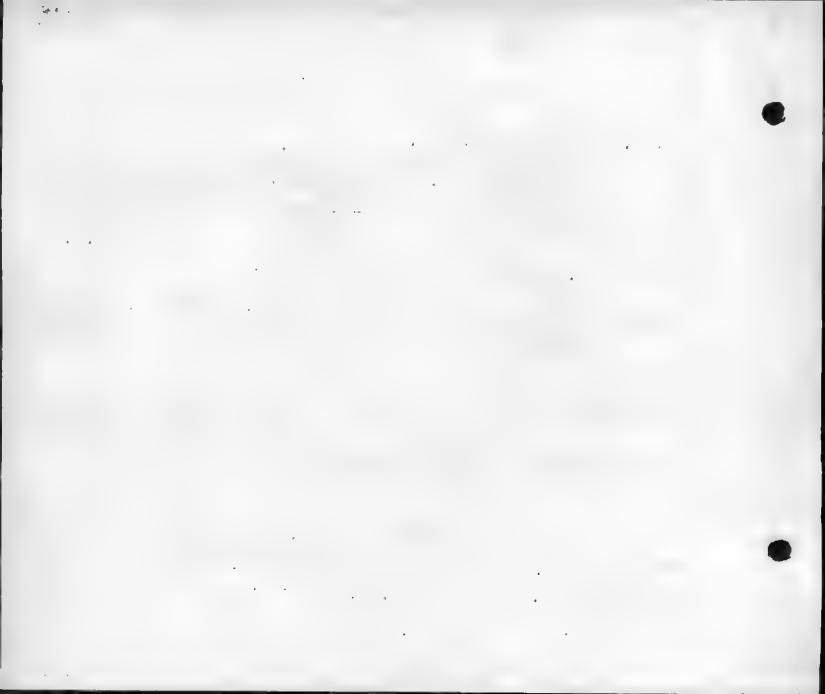
I

1115 CERTIFICAT

CERTIFICATE OF DEATH

Reg. Dist. No.

								wan.	D131. 170.	
1. PLACE OF DEATH	OMERSET		MARYLA	UND	o. STATE .	DENCE (WH		If institution: Resid	ence before a	
	f outside corporate limits	, write c	LENGTH OF STAY IN	1 1Ь				nits, write RURAL on		
RURAL and give of	RISFIELD		66 YRS.			~	TELD			·
	AL (If not in hospital, gi	ve street ork	00 2000		d. STREET A		1200		I a I	S RESIDENCE
EDW WITHOUT	McCready	MEM	o.Hosp.			8 S.	SOMERS	SET AVE.		ON A FARM?
3. NAME OF	Firs	1	Middle		Lo	51	4. DATE	Month	Day	Year
OECEASED (Type or print)	ROBE.	RT	W.	,	HOWE T	H , SR .	OF DEATH JA	INUARY	7	19 59
5 5EX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRIED	0 8	DATE OF BIRT	н	9 AG	E (In years IF UND Months		UNDER 24 HRS
MALE	WHITE	WIDOWED	DIVORCED		4-8-1	892		06 yrs Moriting	Days H	ours Min
during most of wor	ON (Give kind of work d king life, even if retired)		ND OF BUSINESS OR	INDUST				12. (U.S.	VHAT COUNTRY?
SEAFOOD		DE.	AFOOD			MAR Y			U.D.	A.
13. FATHER'S NAME					14. MOTHER'S					
CHARLE	s W. How	ETH			L	ORA	Dodson			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16 50	CIAL SECURITY NO	17. IN	FORMANT			Address		
NO NO	None	214	4-34-8516	MA	RIAN .	HOWE.	TH, CR	(SFIELD	, MAR	YLAND
	ATH [Enter only one cou	se per line i	for (a), (b), and (c).]'	<	,	1 -1			INTERV	AL BETWEEN AND DEATH
PART I. DEA	TH WAS CAUSED BY- IMMEDIATE CAUSE (a)	acc	ed Die	1	Heur	" a	reu	e		xlf
11.64	DUE TO			7	n/	10	10010	. 1	11	
Conditions, if o	ny which)	mens	reorde	le.	Elinea	and appe	y wight	CU	Her	フ
gove fise to i	mmediate (0	1 0	11		- 4	Y			
Couse (a), stating lying couse lost.	the under-	Test	Financo !	(0a	2. Can	100	uce		12 'Y	00
	HER SIGNIFICANT COND	ITIONS COL	NTRIBUTING TO DEAT	H BUT A	OT RELATED TO	THE TERMI	NAI DISEASE CON	DITION CIVEN IN P.	ART 1(o) 19. \	WAS AUTOPSY
Sear		rele	o de	e	cho	ولم	THE BUBBLUE COTT	511/011 01VE11 8111	F	PERFORMED?
PART II. OTI	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINERS	206 DESCRI	BE HOW INJURY OCC	CURRED	(Enter noture o	of injury in P	ort I or Part II of i	item 1B.)		
3 20c. TIME OF INJUR	Y Month, Day, Yea	20d INIII	JRY OCCURRED 2	Oe. PLA:	CE OF INJURY I	Home form	20f. (City or lov	rn\	(County)	(State)
Zoc. TIME OF INJUR Hour o. m.	19	While _	Not while of work		ory, street, offic			···,	(200111)	(alore)
21 I contify th	at I attended the	decensed	from / Hace	راب	1057	7 to 12	711. 17	., 19.5 <i>L</i> ,that	L lost saw	the deceases
41	24. 7	10 4						causes and an		
dive di /		ب الاصلام	Z, and inoi a	learn	accurred at		_,M, from the ADDRESS (Street, c		the date	Stated above DATE SIGNED
ACTUAL SO	1010	2006	1-2100		Co			AR YL AND		DATE SIGNED
ACTUAL SIGNATURE	orige ($\sigma \alpha x$	1000 COV	M	.D UA	TOLT	יוו פישות	W14 T 73 2611 73		**********
PHYSICIAN'S CAL	FORGE C.	Coul	BOURN,	M.I).,	CRIS	FIELD,	MAR YLA	ND	
220. BURIAL, CREMATIC	N, 22b. DATE THEREO!	12	ZZc. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCATION (City, town, or county)	(Slote)
BUTIAL Specify	Jan. 9, 1	958	Sunnyridge	e Pa	rk			ld, Maryla		
23. FUNERAL DIRECTOR			ADDRESS			240 REC'I	BY REGISTRAR	24b. REGISTRAR'S		
	& Sons, Cri	efial.		d				E-M. REOISIRAR S	POTENTIONE	
DLardStram	a Done, ort	DI TOT	a, raiyian	CA.		DATE	2.50	1 (*)	Se .	



5M 2157



INTERVAL SETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

(County)

PLACE OF DEATH g. COUNTY sra! b. CITY OR TOWN (If outside carporate limits, write pe RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION NAME OF DECEASED Type or print) SEX Female 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) Marvland none carbon offer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician Ш Gale HuTI Martie George BOVE 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address George HUTT. Chance Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** þ Conditions, if any, which gove rise to immediate **DUE TO** ğ coese (a), stating the underlying cause last. **burial-transit** (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CATION 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) factory, street, office bldg., etc.) O. III While Not while of work at work D. m. 1 and 21. I certify that I attended the deceased from and that death accurred all DDM, fram the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE DIREC prior pe mmo should FUNERAL (PHYSICIAN'S ELDCN G.MANK NAME IType 220 SURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) George George Town Town, Maryland Buris 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEAN 27 '09 JR PTINCESS ANNE MD C 121 & Thous

TO HOSPITAL O 01 VS A15 (4) 1SM **II**/5S

death.

ofter o

certificote

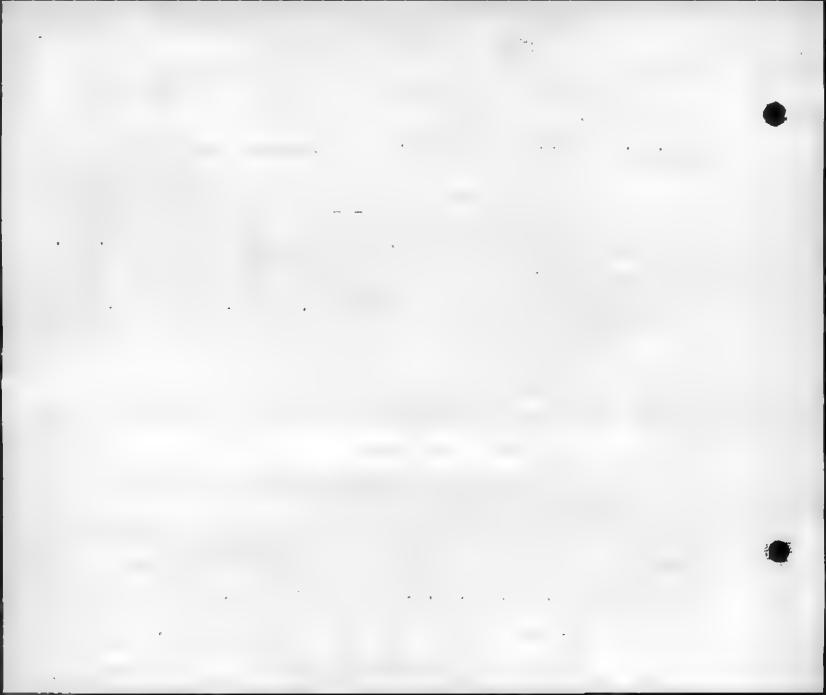




VS A15 (4) 15M 10/57

1110 **CERTIFICATE OF DEATH**

2719				Reg. Dist. No.
1. PLACE OF DEATH 5. COUNTY SOMERSET	MARYLAND 2. US	UAL RESIDENCE (When	e deceased lived If institution b COUNTY	Residence before admission) SOMERSET
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF	STAY IN 16 c.		side corporate limits, write RUR	
RURAL and give nearest fown) M CRISFIELD		CRISE	TELD	
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 15		STREET ADDRESS		e. IS RESIDENCE ON A FARM?
EDW. W. McCREADY MENO. Ho	SP.	SOMER	SET AVENUE	YES NO
DECTACED	R_{ullet}	MILES	OF JANUAR	Y 6 19 59
	ORCED - 8-	OF BIRTH 1-1875	last birthday) 7	FUNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done on the lob. KIND OF BUSIN during most of working life, even if retired) Clothing Industry Wholesale		BIRTHPLACE (State of		12 CITIZEN OF WHAT COUNT U.S.A.
13. FATHER'S NAME	14 7	OTHER'S MAIDEN NA		
ALBINO MILES			Ozella ST.	IEFF
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT [Tel. no. of unknown] (If yes, give wor or dates of service) None	BESS	T 16-	LES, CRISE.	IELD, MD.
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), on	id (c)]			INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	-dial	Jarline	(anternol	sold 5 Jane
DUE TO	7			
Conditions, if ony, which gove rise to immediate (b)	to Arter	سعفلات	- L/Sz	123 Mag =
couse (a), stating the <u>under-</u> lying couse last. DUE TO (c)	A Lin	the was	lucio	10 1 = 4
PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RI	LATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	I'N PART I(o) 19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED. (Enter	noture of injury in Po	rt 1 or Part II of item IB.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE While Not while of work of work	D 20e. PLACE OF foctory, str	INJURY (Home, form, eet, office bldg., stc.)	20f. (City or town)	(County) (State
21. I certify that I attended the deceosed fram.	<u></u>	19-57 to 2	4 1955	that I last saw the decea
alive an 1957, and				d an the date stated aba
SIGNATURE Sarah m. Payto	M.D.	CRISFI	DORESS (Street, city or town, sto	
PHYSICIAN'S SARAH M. PEYTON, M.	. D .	CRISF	TELD, MARYL	AND
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF	CEMETERY OR CREM	ATORY 2	2d. LOCATION (City, town, or	county) (Stale)
Burial Jan. 8,1959 Crisfi	eld Cemete	ry	Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons—Cri	sfield, Mo			PAR'S SIGNATURE
			2.59 Clatha	- 9 Hand

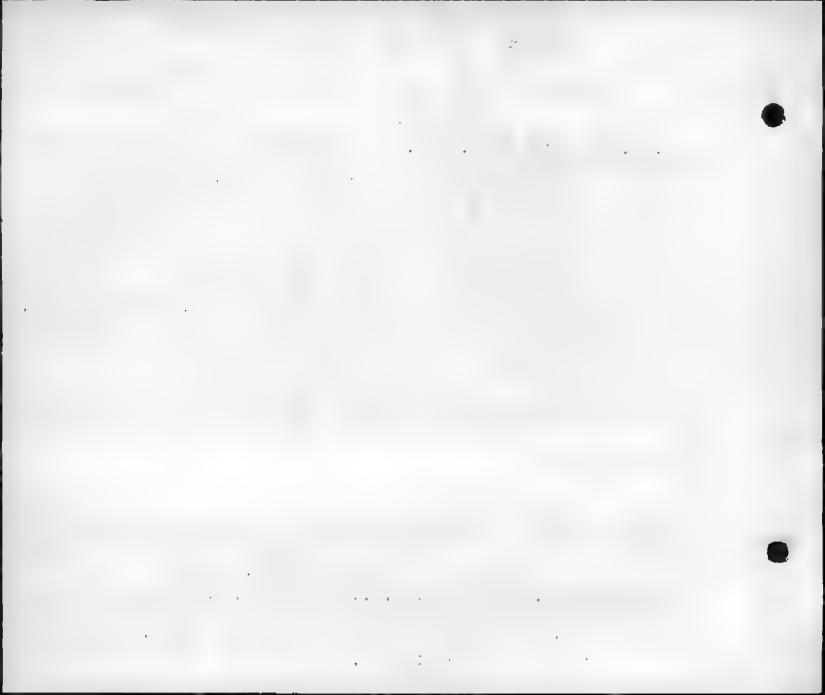


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1120 CERTIFICATE OF DEATH

01119

774	U		K4	g. Dist. No.
1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Where	deceased lived. If institution if	Residence before admission)
SOMERSET	MARYLAND	MARYLAI	ND b. COUNTY	SOMERSET
b CITY OR TOWN (If outside corporate fimil RURAL and give nearest lown)	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulsi	de corporate limits, write RURA	L and give nearest fown)
CRISFIELD	66 YRS.	CRISFIL	ELD	
d. NAME OF HOSPITAL (If not in hospital, gi		d. STREET ADDRESS	4	e. IS RESIDENCE ON A FARM2
EDW. W. MCCREADY	MEMO.HOSP.	Somersi	ET AVENUE	YES NO 1
3 NAME OF Fire DECEASED (Type or print)	TULAH TOY	POWELL 4	DATE Month OF DEATH JANUAR Y	23 19 59
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	O AGE Un wante HEL	INDER I YEAR IF UNDER 24 HRS
FEMALE WHITE	WIDOWED A DIVORCED	9-25-92		onths Days Hours Min
100 USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	one 106 KIND OF BUSINESS OR INDI	STRY 11. BIRTHPLACE (Stole or I	foreign country)	12 CITIZEN OF WHAT COUNTRY
Housewife	At Home	MARYL		U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM		
EDWARD MATTHE	:WS	MAR TH.	A GREEN	
15 WAS DECEASED EVER IN U. S. ARMED FORG		INFORMANT	Address	
		INNIE GOLDSI	BOROUGH, CR	ISFIELD, MD.
18. CAUSE OF DEATH Enter only one con	use per line for (a), (b), and (c)	1 7/ _/	1994-2	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	acute til	Heart.		ONSET AND DEATH
DUE TO		3 4 4 4	5.1.1-	
Conditions, if ony, which) (b)	"Confreemant!	alil Blad Ball	Chot & Com	not I week
gove rise to immediate DUE TO	14 100	n Öll		0. 1
lying couse lost, (c)	Clarice onesco	edels Clive	e did wylus	2 Jus
PART II. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO SEATH BU	NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED?
2				YES NO
OR CONTRIBUTING LI CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURRI	D (Enler noture of injury in Port	t or Port II of ilem 18.)	
20c. TIME OF INJURY Month, Day, Yea Hour o. m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg , etc.)	20f. (City or town)	(County) (Stole)
Hour o. m. 4 19	While Not while to work of work of work	citory, wiser, office blog , etc.)		
21. I certify that I attended the	deceased from Law /	2, 19 5% 10 Ja	U 23 10 39 th	at I last saw the deceased
alive on JANUARY 23		accurred at//: 35 A A	A. from the couses and	on the date stated above
0	0 11		ORESS (Street, city or town, state	
SIGNATURE Lerrye 6.	Topellow	M.D. MARIO	N. MARYLAND	
PHYSICIAN'S GEORGE C.	COULBOURN, M.	D., MARI	ON, MARYLAN	***************************************
220. BURIAL CREMATION. 22b. DATE THEREOI	F 22c NAME OF CEMETERY C	R CREMATORY 220	I. LOCATION (City town, or co	unly) (State)
Burial Jan. 25.1	959 Rehobeth Bap	tist Cemetery	Rehobeth, Md	4- 1
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D 81	Y REGISTRAR 246 REGISTRA	R'S SIGNATURE
Bradshaw 8	& Sons-Crisfaeld,	Md. DATEN 2	1°59 \ \(\tau^{\tau} \)	S. Fraud



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ς

Reg. Dist. No.

ony Ë peri FUNERAL

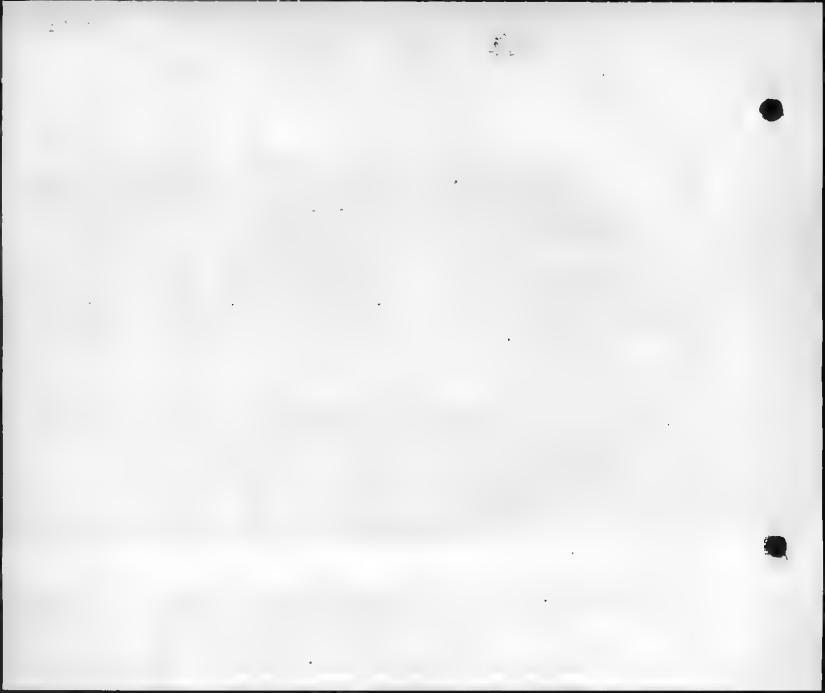
abod

O

VS A15 (4)

15M 10/57

I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) O COUNTY o. STATMaryland Somerset b. COUNTY MARYLAND Somerset b CITY OR TOWN (If outside corporate fimils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give reporest lown)
Venton life Venton d NAME OF HOSPITAL (If not in hospital, give street address) 7 d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F NAME OF First Middle 4. DATE Day Lost Month Year DECEASED (Type or print) DEATH 19 59 Reese 16 lanuary 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 9 AGE (In years lost bighday)
82 yrs 5 SEX 8. DATE OF BIRTH IF UNDER I YEAR! IF UNDER 24 HRS Months Doys Hours Min white male DIVORCED [Feb. 15, 1876 WIDOWED A 180 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S. Carpenter 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME William Reese Elizabeth Glasgow 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANI Mr. Riley Reese, Wilmington, none no 18. CAUSE OF DEATH [Enter only one couse per line fpts (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9. WAS AUT DPSY PERFORMED? NET II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT YES TO NOT RALL 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCORE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20! (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while ot work of work p. m. 21. I certify that I attended the deceased from That I last saw the deceased and that death accurred at 1 alive on M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF BUR AL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole) Venton, 18 59 Monie Maryland FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE C. thung S. Kraus Princess Anne, Md MTE JAN 21



) _		1111						Reg. Dist. No	ł
1	PLACE OF DEATH O. COUNTY Somers	et	MARYL	13	USUAL RESIDENCE (Who o. STATE Mary)	_	L If institution b COUNTY	Res dence before	
	b CITY OR TOWN (If outside corpu RURAL and give nearest town) Cristi		Life	и 16	c CITY OR TOWN (IF or Crisf		mils, write RUR	AL and give ne	arest town)
	d. NAME OF HOSPITAL (If not in h OR INSTITUTION 108 W.	ospitol, give street Main St	•		d. STREET ADDRESS	7. Main S	St.		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	First A.	NELSON		SOMERS	4. DATE OF DEATH	Monih January	14,	Year 19 59
	Male 6. COLOR O Whit	e WIDOW		At At	ug. 28, 1890	68	birthdoy)	Months Days	Hours Min.
	On USUAL OCCUPATION (Give kind during most of working life, even Barber	if retired)	. KIND OF BUSINESS OR Barbering	INDUSTRY	Crisfield,			12. CITIZEN C	OF WHAT COUNTRY
13	3. FATHER'S NAME			14	MOTHER'S MAIDEN N	AME			
L	William				Sally Daugh	erty			
15	S. WAS DECEASED EVER IN U. S. ARI	MED FORCES? 16 or dates of service)	None	Grace	S. Somers,	108 W.	Main,	_	ld, Md.
	PART I. DEATH WAS CAULIMMEDIATE OF	SED BY:	Pulsaro	nan	y ede	110		INT	ERVAL BETWEEN
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-tying couse lost. (b) — archiac decompanyalism alian (b) — archiac decompanyalism (b) — archiac decompanyalism (c) Livonic Myo cardiles								yrs-
CATION	PART II. OTHER SIGNIFICA		CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN	IN PART 1(o)	P WAS AUTOPSY PERFORMED? YES NO
CERTIFI		G C 206. DES DEATH MINER)	SCRIBE HOW INJURY OCC	CURRED. (E	iter noture of injury in P	ort I or Part II of	ilem 18.)		
MEDICAL	20c. TIME OF INJURY Month, (Hour o. m., p. m.	While		Ge. PLACE (factory,	OF INJURY (Home, form, street, office bldg., etc.)	20f (City or to	∾n]	(County)	(Stole)
21. I certify that I attended the deceased from June 1947, to June 1958, that I last saw the alive an June 1959, and that death accurred at M, from the causes and an the date state ADDRESS (Street, city or town, stole)									
	PHYSICIAN'S C. G. R	awley, M	vley	M.D.	Crisfi	eld, Mar	-4		***
27	DEMONIO III all I	THEREOF 1959	22c NAME OF CEMETI Asbury Me		MATORY st Cemeters	22d. LOCATION (City, town, or o		(Stole)
23	E. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D	BY REGISTRAR	24b REGISTR	AR'S SIGNATUR	RE
	Bradshaw & Sons	, Crisfi	eld, Md.		DATE 101	4 0 100			

ral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or oftending physicion.

O FUNERAL DIRECTARY After this certificate has been signed by the ottending physicion and completely filled in by the page 3 should be a checked for use as the burial-transit permit. Then pleas remove corban papers. Pages 1 and 2 shot the registrar prior to burial, cremotion, or removal, and in any event within 72 hours effect death. TO FUNERAL DIRECTORDE 3 should be d.

00

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. ..

Jan.

170

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1123 **CERTIFICATE OF DEATH**

01124 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY	MERSET		MARYLA	- STATE	MAR YLA	nased lived. If institution b. COUNTY	SOMERS	
RURAL and give r	If outside corporate limi earest town) FIELD	ts, write c	ENGTH OF STAY IN	i 16 c. CITY OR		STATION		grest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION EDW. W. MCCREADY MEMORIAL HOSP				_ 11 /	d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print)	AMOS		Middle	WHITTIN	GTON OF DEA	-		7 19 59
5. SEX MALE	6. COLOR OR RACE WHITE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	7 5 4		9. AGE (In years lost birthdoy) 81 yrs.	Months Doys	Hours Min.
during most of work ARMER	ON (Give kind of work king life, even if relired	done 10b. Kit	ND OF BUSINESS OR	INDUSTRY 11. BIRTHI	MAR YLAN			A.
3. FATHER'S NAME WILLIAM WHITTING TON				14. MOTHER	14. MOTHER'S MAIDEN NAME ADELIA MILES			
	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SO		AMOS WH		ON, MARI		TION, MD
PART I. DE 592 X Conditions, if a gove rise to cause (a), stating lying couse last.	immediate (Clar	me my	acute not repair	belof tes Cy	Hund	go Ver	ERVAL BETWEEN SET AND DEATH CULO LICE BY WAS AUTOPSY
5 9	Deserol	an	ELLO SCI	luose	6 C			PERFORMED? YES NO
(IF EITHER, NOTIF)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes	or 20d, INJL		De. PLACE OF INJURY factory, street, offi	(Home, farm, 20f.		(County)	(Stole)
21. I certify to alive an ACTUAL SIGNATURE	TEORGE C.	Orith	A		ADDRES	3 199 ram the causes of Street, city or town, TATION, STATION	and an the do	DATE SIGNED
270. BURIAL, CREMATIC REMOVAL ISpecify BULLAL	Jan. 6, 19		St. Paul	ery or crematory s Cemetery		rion Static	**	(Stote)
23. FUNERAL DIRECTOR	rs signature Bradshaw & S	Sons	Crisfield,	Md.	240. REC'D BY REC		TRAR'S SIGNATU	

THE RESIDENCE OF STREET, AND SELECTION OF STREET, PARTY OF STREET, STR o'sh ____ System of the second state of the second state of the second seco THE SET WITH MATERIAL STATE STATE The state of the contract of the state of th

Offer

hou M N

oge

OFF

0

should

ded S

00

design

0

should be f

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

arthur & Krous

Reg Dist No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) of COHNTY b. COUNTY CMERSET SOMERSET MARYLAND b. CITY OR TOWN iff outure corporate limits, write EURAL E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) OR ISFIELD T.T FET IME CRISFIELD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS . IS PESIDENCE ON A FARM 946 W. BROAD ST. 946 W. BROAD ST. YES I NO DE NAME OF First Middle 4. DATE Month Year DECEASED TIVOLA WHITTINGTON DEATH JAN . 30 10 59 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In vegra IF UNDER TYPAR IF UNDER 24 HPS Months Hours NEGRO **FEMALE** WIDOWED IT JULY 17, 1908 50 DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CRISFIELD. MD. CRABS & OYSTERS II S A SEAFOOD LABORER 13. FATHER'S NAME LA MOTHER'S MAIDEN NAME AT. WHITTINGTON LILLIE MANUET. 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 946 W. Broad St. No or unknown) MRS. LILLIE WHITTINGTON----Crisfield. Md. INTERVAL SET WEEK 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: HEMORRHAGING FROM NOSE AND MOUTH minutes IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which EXCESSIVE COUGHING gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAR DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ----NO SIGNS OF FOUL PLAY----NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Doy, Year 20f. (City or lawil) (Stote) foctory, street, office bldg., etc.) While Jan. 30, 19 59 of work of work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 1 and in my opinion death resulted fram: Natural causes ... Accident ..., Suicide ..., Homicide ..., Undetermined manner DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Feb. 2, 1959 NAME (Type) WILLIAM H. COULBOURN DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 726. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City, fewn, or county) (Stotu) BURIAL (Specify) LAWSONIA CEMETERY CRISFIELD. MD. FEB.2, 1959 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

DATE

BRADSHAW & SONS-CRISFIELD, MD.

70 VS. A15ME 5M 2/57

